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February 10, 2003

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D. 
Director and Chief Medical Officer

Jonathan E. Fielding, M.D., M.P.H. 
Director of Public Health and Health Officer

SUBJECT: SYPHILIS AMONG MEN WHO HAVE SEX WITH MEN

On October 25, 2002, this Department provided the Board with an updated report on syphilis among men who have sex with men (MSM) and on additional efforts being taken to address the endemic level of infection in L.A. County. This is to provide you with an update on these efforts.

UPDATE ON CASES

Through November 30, reports of early syphilis cases (primary, secondary, and early latent) in 2002 continued to outpace cases in 2001, both among MSM, and overall. MSM cases in this period totaled 352, representing a 56 percent increase over MSM cases for all of 2001, and an 81 percent increase over MSM cases reported for the same period (through November) in 2001. In this period, MSM cases constituted 70 percent of the total 507 early syphilis cases reported to the County. At least 57 percent of MSM cases in 2002 were HIV-positive, comparable to the 55 percent that were HIV-positive (through November) in 2001.

Attachment I contains the latest available Early Syphilis Surveillance Summary, featuring both total County and MSM syphilis data through November 30, 2002.

CURRENT EFFORTS

The following activities, already in place, have continued:

STD Program screening in the K-11 Unit (a unit exclusively housing MSM) in the Men's Central Jail. In 2002, through November, screening in K-11 resulted in 725 syphilis tests,

identifying 2 cases of secondary syphilis, 4 cases of early latent syphilis, and 1 case of late syphilis. In the same period, 807 HIV tests were given, with 65 positive (8 percent prevalence). Screening has also been conducted among jail trustees. Through November 2002, 477 syphilis tests among Trustees yielded detection of no new cases.

STD Program screening in community venues using the Mobile Clinic Unit (a mobile van). The Mobile Clinic Unit generally conducts outreach in areas or venues where there is a reasonable expectation of serving a substantial number of MSM clients. In 2002, the Unit averaged approximately 7 outreaches per month, during which it provided 1,512 syphilis tests. Of these, 50 were positive, leading to identification of 9 confirmed untreated cases (7 early and 2 late syphilis).

Screening by Adult Industry Medical in collaboration with the STD program at four commercial sex venues. In 2002, 363 individuals were screened, resulting in detection of 3 cases (0.8 percent) of early syphilis.

The HIV Epidemiology Program unlinked testing in two bathhouses. For the HIV Incidence Study in Commercial Sex Venues, HIV Epidemiology conducted screening at two bathhouses in 2002, one through July, and one through December. Altogether, in 2002, a total of 514 syphilis tests were provided at the two venues, of which 15 showed evidence of new or untreated infection. A total of 637 HIV tests were also conducted, 73 (11 percent) were positive for HIV.

In September through December 2002, STD Program worked with AIDS Healthcare Foundation (AHF) to pilot joint syphilis and HIV testing on the AHF mobile van, with a total of 3 joint outreaches conducted. The procedures established through this collaboration helped AHF to continue offering integrated services on its own, and provided a model for similar activities by other agencies.

A contract with AIDS Project Los Angeles (APLA) for \$66,150 was approved by the Board on April 30, 2002, to provide a prevention advocate and liaison between the Department and the commercial sex venues (bathhouses and sex clubs). APLA also received an OAPP grant award for \$150,000 to initiate, in collaboration with the STD Program, Childrens Hospital Los Angeles, and other agencies, a peer-to-peer program to promote safer sex norms in commercial sex venues. This program will adapt a Popular Opinion Leader (POL) model, used successfully for MSM population in other settings (e.g., bars) to commercial sex venues. Because of the complementary nature of these activities, APLA has created a special unit, the Commercial Sex Venue Initiative (CSVI) to conduct both projects. By October, 2002, CSVI had hired three staff. Eight commercial sex venues (six bath houses and two sex clubs) were selected as initial focus areas for the project. The unit has developed a needs assessment survey for use with commercial sex venue patrons, and has coordinated with the State STD Control Branch to obtain CSV data. The unit has also organized a coalition of community-based organizations that provide outreach and/or HIV/STD counseling and testing services in commercial sex venues, for the purpose of fostering collaboration and coordinating services. In the next two months, CSVI plans to develop outreach protocols and materials, implement a needs assessment and behavioral risk

assessment, recruit and provide training for Popular Opinion Leaders, convene community advisory board meetings, convene CSVI Coalition meetings, and hold a meeting with commercial sex venue owners/managers and L.A. County DHS representatives.

Ongoing efforts of the Latino Syphilis Working Group, a collaborative of four agencies serving Latino MSM, which originally formed at the end of 2001. The Working Group, co-facilitated by an STD Program staff member, has helped promote syphilis education outreaches by member agencies (both separately and jointly) targeting Latino MSM at key venues identified by the STD Program. Several monthly outreaches at a large gay Latino dance venue in Hollywood have been coordinated through Working Group collaborations. These educational outreaches focused on syphilis awareness and knowledge, in addition to HIV/AIDS and other STDs.

Los Angeles County Syphilis Morbidity reports have been distributed to physicians and other care providers serving high risk populations in the Los Angeles area. STD screening guidelines for sexually active HIV positive persons were developed and distributed as part of the Syphilis Morbidity report. An overview of the syphilis outbreak in Los Angeles County was summarized and published in *The Public's Health*, a DHS newsletter, sent to 20,000 providers in the Los Angeles area. A risk assessment module was developed for HIV care providers at AHF, to be included in their computerized patient history acquisition. STD Program has also revised the Confidential Morbidity Report (CMR) cards to capture additional risk and partner data from care providers.

A contract to AIDS Healthcare Foundation (AHF) for \$394,345 was approved by the Board on April 30, 2002, to coordinate and implement a targeted prevention media campaign directed at MSM. AHF coordinates this campaign in conjunction with 5 other MSM-serving community agencies, who have formally convened as the Syphilis Media Organizing Committee (SMOC), coordinated by AHF. The campaign known as "Stop the Sores," featuring a cartoon format and a primary character of a syphilis sore named "Phil," was launched June 20, 2002. To date, campaign activities have included.

34 English and 12 Spanish print ads in 4 English and 2 Spanish publications (all 6 publications used for the campaign target MSM, except the L.A. Weekly).

One English and one Spanish billboard (each 14' x 48') in West Hollywood and Hollywood locations.

A mobile billboard (English on one side, Spanish on the other) was used during the week of Christopher Street West (6/21 – 6/27).

A campaign website (www.stopthesores.org), linked to the STD Program website was also established to feature campaign materials, information about syphilis, and locations of testing resources.

Outreaches at Christopher Street West, Outfest, the Lotus Festival, Sunset Junction, Latin Pride, and specific venues and mobile test sites. At these events through December 2002, AHF and at least five other community agencies worked to distribute approximately 12,350 palm cards, 26,550 "Phil, the Syphilis Sore" stress grips bearing the STD Hotline number and the campaign website. Many outreaches have also featured an AHF staff member in a life-size "Phil" costume.

Ninety posters featuring "Phil" have been distributed to key venues or at outreaches.

A brief segment featuring the Los Angeles County and San Francisco syphilis campaigns was issued on the national cable program "The Daily Show," on the Comedy Central cable network. This segment aired July 23, 2002, and remains available for viewing on the Comedy Central website.

In summary, despite increased efforts by both DHS and collaborating community organizations, the outbreak of syphilis in MSMs is not under control, despite a continued decrease among others at risk in the population.

Information from a variety of sources in Los Angeles and other jurisdictions suggests an increase in unsafe sex practice among segments of the MSM community. We are very concerned that the increase in unsafe sex could also be increasing the rate of HIV transmission among those with and without syphilis.

To bring endemic syphilis under control requires a more effective combined effort of public and community agencies. DHS will intensify efforts to get bathhouses to promote safer sex practices and cooperate with agencies providing syphilis and HIV screening. We will find new cases of syphilis and treat them and their sexual contacts to prevent ongoing transmission of infection. We will also develop a partnership with one or more cities to increase the number of health education messages and the availability of condoms at bars and other appropriate venues with a predominantly gay clientele.

Continued testing and treatment is another essential part of our continuing control efforts. Unfortunately testing to date around sex venues has yielded low recruitment and a low rate of positives. The STD program believes our low yield rate may reflect that our screening efforts are primarily attracting the "worried well" population rather than those at highest risk. We will continue to promote screening in the highest risk groups.

A central element of our control efforts must be a commitment by leaders of the gay community to provide leadership in helping to change behavioral norms so that individuals take greater responsibility for their own sexual behavior. Leadership from the community is essential to reverse the ominous trends in safe sex practices, particularly among those with diagnosed HIV infection.

Each Supervisor
February 10, 2003
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Public Health will also establish an advisory group on gay/lesbian/trans-gender health issues, to help inform our strategies to improve population health. Further, we will continue to collaborate with the State, CDC and other municipalities to determine best practices in trying to control this outbreak.

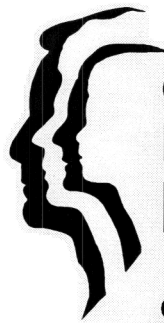
We will provide you with another update in 90 days. In the meantime, if you have any questions or need additional information, please let either of us know.

TLG:jh
003:024

Attachments

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

Attachment I



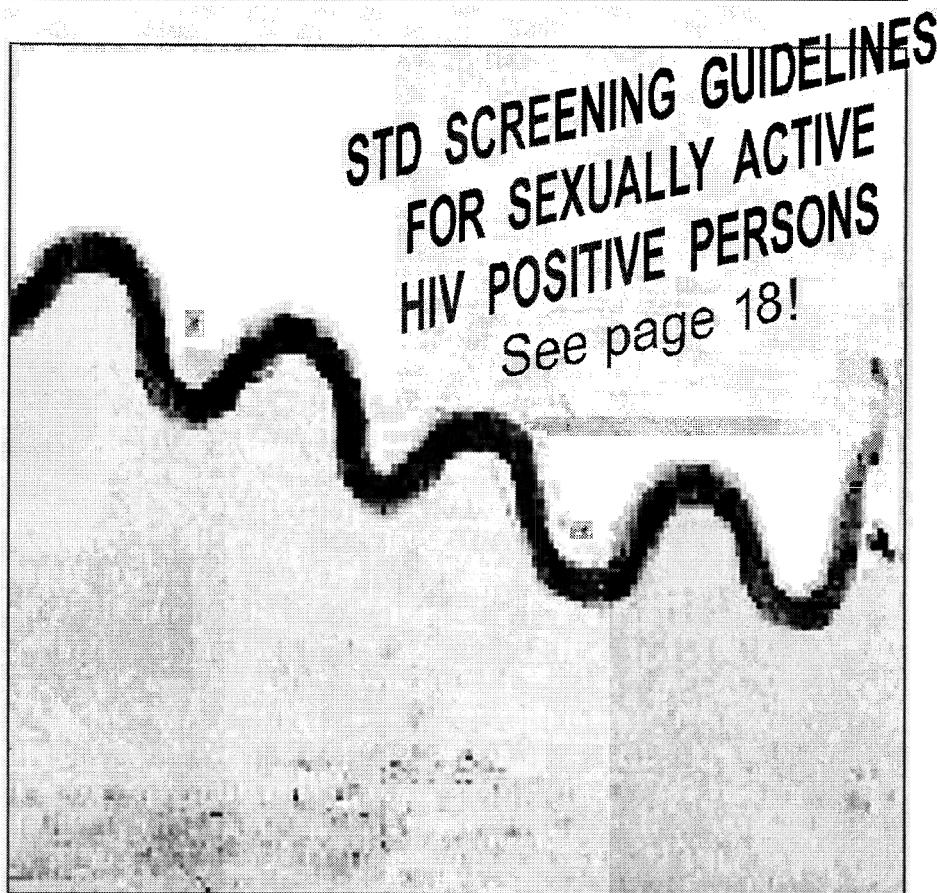
**COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
Public Health**

SEXUALLY TRANSMITTED DISEASE PROGRAM

Early Syphilis Surveillance Summary

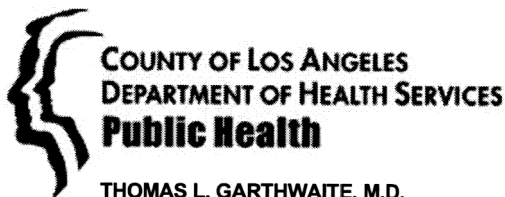
Cases reported as of November 30, 2002

Issued December 15, 2002



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December 15, 2002

Dear Colleague,

We are pleased to release the December 2002 *Early Syphilis Surveillance Summary* for Los Angeles County. In the first eleven months of this year, 507 early syphilis cases have been reported; 109, or 27 percent more than in 2001 (N=398).

The ongoing outbreak of syphilis has primarily affected men who report having sex with other men (MSM) and is concentrated in Service Planning Area 4 (Metro) and the Hollywood-Wilshire Health District. Approximately 6 in 10 MSM *with syphilis* also report being infected with HIV.

Due to the high risk of HIV transmission when co-infected with other STDs, we are recommending specific STD screening guidelines for sexually active HIV positive patients. These recommended guidelines are provided in Appendix D on page 18 of this report. We urge you to review these recommended guidelines and implement them for all sexually active HIV infected patients.

If you would like to receive reports, guidelines, or other information from the STD Program as it becomes available, please visit <http://ladhs.org/listserv> and register for **STDInfo** or call the STD Program at (213) 744-3070 and provide the attendant with your e-mail address.

Sincerely,

A handwritten signature in black ink that reads "Peter R. Kerndt". The signature is written in a cursive, flowing style.

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The *Early Syphilis Surveillance Summary* is
published on a monthly basis by the Sexually
Transmitted Disease Program of the Los Angeles
County Department of Health Services. This report
is also available in PDF format, online at
www.lapublichealth.org/std.

If you would like to receive surveillance reports
and other information from the STD Program,
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attendant with your email address or register for
STDInfo online at **<http://ladhs.org/listserv>**.

SUGGESTED CITATION

Sexually Transmitted Disease Program, Los
Angeles County Department of Health Services.
*Early Syphilis Surveillance Summary, December
2002*. pp. 1-18.

FRONT COVER: *Treponema pallidum* (Syphilis spirochete)

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Early Syphilis Surveillance Summary, Los Angeles County as of November 30, 2002

Table 1. Early Syphilis - All Cases	2002 (YTD)				2001 (YTD)				2001				2000			
	P&S		Early Latent		Total ES		P&S		Early Latent		Total ES		P&S		Early Latent	
	N		N		N		N		N		N		N		N	
Morbidity																
Total	264	243	507	(100.0)	166	181	347	(100.0)	189	209	398	(100.0)	137	200	337	(100.0)
Gender																
Male	249	212	461	(90.9)	156	134	290	(83.5)	178	156	334	(83.9)	110	122	232	(68.8)
Female	15	31	46	(9.0)	9	47	56	(16.1)	9	52	61	(15.3)	23	74	97	(28.7)
Transgender:M to F	.	.	.	(0.0)	1	.	1	(0.2)	2	1	3	(0.7)	4	4	8	(2.3)
Sexual Orientation ¹																
MSM	181	142	323	(63.7)	110	71	181	(52.1)	124	84	208	(52.2)	60	46	106	(31.4)
MSM/W	21	8	29	(5.7)	9	3	12	(3.4)	10	4	14	(3.5)	7	5	12	(3.5)
MSW	20	37	57	(11.2)	24	35	59	(17.0)	29	41	70	(17.5)	35	61	96	(28.4)
WSM	12	24	36	(7.1)	8	40	48	(13.8)	8	44	52	(13.0)	20	68	88	(26.1)
WSW	.	.	.	(0.0)	.	2	2	(0.5)	.	2	2	(0.5)	.	1	1	(0.2)
WSW/M	.	.	.	(0.0)	.	1	1	(0.2)	.	1	1	(0.2)	1	1	2	(0.5)
TG/STG	.	.	.	(0.0)	1	.	1	(0.2)	2	1	3	(0.7)	4	4	8	(2.3)
Refused	2	1	3	(0.5)	3	6	9	(2.5)	4	6	10	(2.5)	5	3	8	(2.3)
Unknown	28	31	59	(11.6)	11	23	34	(9.7)	12	26	38	(9.5)	5	11	16	(4.7)
HIV Positive ²																
Yes	120	97	217	(42.8)	63	53	116	(33.4)	71	64	135	(33.9)	.	.	.	(0.0)
No	87	83	170	(33.5)	57	64	121	(34.8)	63	70	133	(33.4)	.	.	.	(0.0)
Unknown	57	63	120	(23.6)	46	64	110	(31.7)	55	75	130	(32.6)	137	200	337	(100.0)
Race/Ethnicity																
White	113	69	182	(35.8)	62	34	96	(27.6)	67	40	107	(26.8)	41	22	63	(18.6)
Afr.-Amer.	40	34	74	(14.5)	32	24	56	(16.1)	37	29	66	(16.5)	32	33	65	(19.2)
Latino/a	86	122	208	(41.0)	63	110	173	(49.8)	76	125	201	(50.5)	59	135	194	(57.5)
Asian/Pac. Is.	13	8	21	(4.1)	6	4	10	(2.8)	6	5	11	(2.7)	2	8	10	(2.9)
Am.Ind/Alas.Nat.	1	2	3	(0.5)	.	1	1	(0.2)	.	1	1	(0.2)	.	.	.	(0.0)
Other/Mixed	.	1	1	(0.1)	1	.	1	(0.2)	1	.	1	(0.2)	.	.	.	(0.0)
Unknown	11	7	18	(3.5)	2	8	10	(2.8)	2	9	11	(2.7)	3	2	5	(1.4)
Age Group																
<15	1	.	1	(0.1)	.	3	3	(0.8)	.	3	3	(0.7)	.	1	1	(0.2)
15-19	3	11	14	(2.7)	5	6	11	(3.1)	7	7	14	(3.5)	2	9	11	(3.2)
20-24	21	36	57	(11.2)	15	13	28	(8.0)	19	15	34	(8.5)	10	32	42	(12.4)
25-29	29	25	54	(10.6)	25	24	49	(14.1)	26	31	57	(14.3)	18	39	57	(16.9)
30-34	48	52	100	(19.7)	36	44	80	(23.0)	40	51	91	(22.8)	31	36	67	(19.8)
35-39	63	47	110	(21.6)	40	47	87	(25.0)	46	52	98	(24.6)	30	33	63	(18.6)
40-44	48	41	89	(17.5)	21	19	40	(11.5)	26	23	49	(12.3)	20	23	43	(12.7)
45-49	28	14	42	(8.2)	16	12	28	(8.0)	17	13	30	(7.5)	12	16	28	(8.3)
50-54	13	10	23	(4.5)	6	5	11	(3.1)	6	6	12	(3.0)	9	8	17	(5.0)
55-59	4	5	9	(1.7)	1	6	7	(2.0)	1	6	7	(1.7)	2	3	5	(1.4)
60+	6	2	8	(1.5)	1	2	3	(0.8)	1	2	3	(0.7)	3	.	3	(0.8)

¹ Note: MSM refers to men who have sex with men; MSM/W is men who have sex with men and women; MSW is men who have sex with women; WSM refers to women who have sex with men; WSW is women who have sex with women; WSW/M is women who have sex with women and men. TG/STG refers to male-to-female (M to F) transgenders or to men or women who have sex with M to F transgenders.

² HIV Status for 2000 is not yet available for this report.

Table 2. Early Syphilis - SPA and Health District of Residence		2002 (YTD)				2001				2000			
		Early		Total ES		Early		Total ES		Early		Total ES	
		P&S N	Latent N	N	%	P&S N	Latent N	N	%	P&S N	Latent N	N	%
SPA	District												
SPA 1 - ANTELOPE VALLEY	Antelope Valley	2	1	3	(0.5)	1	.	1	(0.2)	2	2	4	(1.1)
	SPA Total	2	1	3	(0.5)	1	.	1	(0.2)	2	2	4	(1.1)
SPA 2 - SAN FERNANDO VALLEY	District												
	East Valley	9	10	19	(3.7)	11	7	18	(4.5)	4	6	10	(2.9)
	Glendale	6	7	13	(2.5)	3	5	8	(2.0)	.	3	3	(0.8)
	San Fernando	5	5	10	(1.9)	2	4	6	(1.5)	.	1	1	(0.2)
	West Valley	8	10	18	(3.5)	9	7	16	(4.0)	7	8	15	(4.4)
	SPA Total	28	32	60	(11.8)	25	23	48	(12.0)	11	18	29	(8.6)
SPA 3 - SAN GABRIEL	District												
	Alhambra	2	2	4	(0.7)	1	2	3	(0.7)
	El Monte	3	4	7	(1.3)	4	9	13	(3.2)	2	10	12	(3.5)
	Foothill	1	.	1	(0.1)	2	1	3	(0.7)	2	2	4	(1.1)
	Pomona	4	6	10	(1.9)	5	10	15	(3.7)	6	9	15	(4.4)
	SPA Total	10	12	22	(4.3)	12	22	34	(8.5)	10	21	31	(9.1)
SPA 4 - METRO	District												
	Central	28	44	72	(14.2)	24	28	52	(13.0)	18	19	37	(10.9)
	Northeast	8	10	18	(3.5)	13	11	24	(6.0)	5	18	23	(6.8)
	Hollywood-Wilshire	112	71	183	(36.0)	50	46	96	(24.1)	37	32	69	(20.4)
	SPA Total	148	125	273	(53.8)	87	85	172	(43.2)	60	69	129	(38.2)
SPA 5 - WEST	District												
	West	22	10	32	(6.3)	12	6	18	(4.5)	4	3	7	(2.0)
	SPA Total	22	10	32	(6.3)	12	6	18	(4.5)	4	3	7	(2.0)
SPA 6 - SOUTH	District												
	Compton	4	5	9	(1.7)	5	10	15	(3.7)	3	16	19	(5.6)
	South	3	5	8	(1.5)	1	3	4	(1.0)	7	9	16	(4.7)
	Southeast	4	4	8	(1.5)	7	5	12	(3.0)	2	10	12	(3.5)
	Southwest	9	9	18	(3.5)	11	13	24	(6.0)	7	12	19	(5.6)
	SPA Total	20	23	43	(8.4)	24	31	55	(13.8)	19	47	66	(19.5)
SPA 7 - EAST	District												
	East Los Angeles	2	.	2	(0.3)	4	5	9	(2.2)	2	8	10	(2.9)
	Whittier	1	9	10	(1.9)	5	2	7	(1.7)	2	4	6	(1.7)
	Bellflower	6	3	9	(1.7)	3	8	11	(2.7)	2	4	6	(1.7)
	San Antonio	6	5	11	(2.1)	3	11	14	(3.5)	6	12	18	(5.3)
	SPA Total	15	17	32	(6.3)	15	26	41	(10.3)	12	28	40	(11.8)
SPA 8 - SOUTH BAY	District												
	Harbor	3	9	12	(2.3)	1	1	2	(0.5)	3	3	6	(1.7)
	Inglewood	7	10	17	(3.3)	7	7	14	(3.5)	11	3	14	(4.1)
	Torrance	7	2	9	(1.7)	4	3	7	(1.7)	3	2	5	(1.4)
	SPA Total	17	21	38	(7.4)	12	11	23	(5.7)	17	8	25	(7.4)
UNKNOWN SPA	District												
	UNKNOWN	2	2	4	(0.7)	1	5	6	(1.5)	2	4	6	(1.7)
	SPA Total	2	2	4	(0.7)	1	5	6	(1.5)	2	4	6	(1.7)

Table 3. MSM* General Demographics	2002 (YTD)				2001 (YTD)				2001				2000			
	Early		Total ES		Early		Total ES		Early		Total ES		Early		Total ES	
	P&S	Latent			P&S	Latent			P&S	Latent			P&S	Latent		
	N	N	N	%	N	N	N	%	N	N	N	%	N	N	N	%
Morbidity																
Total	202	150	352	(100.0)	120	74	194	(100.0)	136	89	225	(100.0)	71	55	126	(100.0)
Sexual Orientation																
MSM	181	142	323	(91.7)	110	71	181	(93.2)	124	84	208	(92.4)	60	46	106	(84.1)
MSM/W	21	8	29	(8.2)	9	3	12	(6.1)	10	4	14	(6.2)	7	5	12	(9.5)
TG/STG	.	.	.	(0.0)	1	.	1	(0.5)	2	1	3	(1.3)	4	4	8	(6.3)
HIV Positive²																
Yes	111	89	200	(56.8)	62	44	106	(54.6)	70	53	123	(54.6)	.	.	.	(0.0)
No	65	36	101	(28.6)	36	16	52	(26.8)	39	17	56	(24.8)	.	.	.	(0.0)
Unknown	26	25	51	(14.4)	22	14	36	(18.5)	27	19	46	(20.4)	71	55	126	(100.0)
Race/Ethnicity																
White	96	59	155	(44.0)	54	20	74	(38.1)	58	25	83	(36.8)	30	13	43	(34.1)
Afr.-Amer.	25	13	38	(10.7)	18	5	23	(11.8)	20	8	28	(12.4)	9	8	17	(13.4)
Latino/a	63	66	129	(36.6)	42	42	84	(43.2)	52	47	99	(44.0)	30	33	63	(50.0)
Asian/Pac. Is.	10	6	16	(4.5)	5	3	8	(4.1)	5	4	9	(4.0)	1	1	2	(1.5)
Am. Ind./Alas. Nat.	1	1	2	(0.5)	.	1	1	(0.5)	.	1	1	(0.4)	.	.	.	(0.0)
Other/Mixed	.	.	.	(0.0)	1	.	1	(0.5)	1	.	1	(0.4)	.	.	.	(0.0)
Unknown	7	5	12	(3.4)	.	3	3	(1.5)	.	4	4	(1.7)	1	.	1	(0.7)
Age Group																
<15	1	.	1	(0.2)	.	.	.	(0.0)	.	.	.	(0.0)	.	.	.	(0.0)
15-19	2	3	5	(1.4)	3	1	4	(2.0)	4	1	5	(2.2)	.	.	.	(0.0)
20-24	13	16	29	(8.2)	10	4	14	(7.2)	13	5	18	(8.0)	4	5	9	(7.1)
25-29	25	12	37	(10.5)	20	10	30	(15.4)	21	14	35	(15.5)	7	11	18	(14.2)
30-34	38	39	77	(21.8)	24	18	42	(21.6)	26	22	48	(21.3)	19	13	32	(25.3)
35-39	50	29	79	(22.4)	34	18	52	(26.8)	37	23	60	(26.6)	21	15	36	(28.5)
40-44	40	31	71	(20.1)	15	13	28	(14.4)	20	14	34	(15.1)	12	6	18	(14.2)
45-49	21	9	30	(8.5)	8	4	12	(6.1)	9	4	13	(5.7)	6	3	9	(7.1)
50-54	6	8	14	(3.9)	5	2	7	(3.6)	5	2	7	(3.1)	2	2	4	(3.1)
55-59	3	3	6	(1.7)	1	3	4	(2.0)	1	3	4	(1.7)	.	.	.	(0.0)
60 +	3	.	3	(0.8)	.	1	1	(0.5)	.	1	1	(0.4)	.	.	.	(0.0)

* MSM includes gay and bisexual men, M to F transgenders, and men who have sex with M to F transgenders

² HIV Status for 2000 is not yet available for this report.

Table 4. General Demographics - Female	2002 (YTD)				2001 (YTD)				2001				2000			
	Early		Total ES		Early		Total ES		Early		Total ES		Early		Total ES	
	P&S	Latent	N	%	P&S	Latent	N	%	P&S	Latent	N	%	P&S	Latent	N	%
Morbidity																
Total	15	31	46	(100.0)	9	47	56	(100.0)	9	52	61	(100.0)	23	74	97	(100.0)
Sexual Orientation																
WSM	12	24	36	(78.2)	8	40	48	(85.7)	8	44	52	(85.2)	20	68	88	(90.7)
WSW	.	.	.	(0.0)	.	2	2	(3.5)	.	2	2	(3.2)	.	1	1	(1.0)
WSW/M	.	.	.	(0.0)	.	1	1	(1.7)	.	1	1	(1.6)	1	1	2	(2.0)
Unknown	3	7	10	(21.7)	1	4	5	(8.9)	1	5	6	(9.8)	2	4	6	(6.1)
HIV Positive¹																
Yes	.	1	1	(2.1)	.	2	2	(3.5)	.	2	2	(3.2)	.	.	.	(0.0)
No	9	19	28	(60.8)	4	23	27	(48.2)	4	26	30	(49.1)	.	.	.	(0.0)
Unknown	6	11	17	(36.9)	5	22	27	(48.2)	5	24	29	(47.5)	23	74	97	(100.0)
Race/Ethnicity																
White	.	3	3	(6.5)	2	4	6	(10.7)	2	4	6	(9.8)	1	6	7	(7.2)
Afr.-Amer.	8	6	14	(30.4)	3	9	12	(21.4)	3	10	13	(21.3)	10	14	24	(24.7)
Latino/a	6	21	27	(58.6)	4	33	37	(66.0)	4	37	41	(67.2)	10	51	61	(62.8)
Asian/Pac. Is.	.	.	.	(0.0)	.	.	.	(0.0)	.	.	.	(0.0)	.	2	2	(2.0)
Am.Ind/Alas.Nat.	.	1	1	(2.1)	.	.	.	(0.0)	.	.	.	(0.0)	.	.	.	(0.0)
Unknown	1	.	1	(2.1)	.	1	1	(1.7)	.	1	1	(1.6)	2	1	3	(3.0)
Age Group																
<15	.	.	.	(0.0)	.	3	3	(5.3)	.	3	3	(4.9)	.	1	1	(1.0)
15-19	.	3	3	(6.5)	1	4	5	(8.9)	1	5	6	(9.8)	1	6	7	(7.2)
20-24	3	11	14	(30.4)	1	6	7	(12.5)	1	7	8	(13.1)	4	20	24	(24.7)
25-29	.	3	3	(6.5)	2	5	7	(12.5)	2	6	8	(13.1)	4	19	23	(23.7)
30-34	3	4	7	(15.2)	1	11	12	(21.4)	1	12	13	(21.3)	5	8	13	(13.4)
35-39	4	4	8	(17.3)	.	11	11	(19.6)	.	11	11	(18.0)	1	8	9	(9.2)
40-44	.	2	2	(4.3)	1	2	3	(5.3)	1	3	4	(6.5)	2	5	7	(7.2)
45-49	3	2	5	(10.8)	3	4	7	(12.5)	3	4	7	(11.4)	2	5	7	(7.2)
50-54	2	.	2	(4.3)	.	1	1	(1.7)	.	1	1	(1.6)	2	1	3	(3.0)
55-59	.	1	1	(2.1)	.	.	.	(0.0)	.	.	.	(0.0)	1	1	2	(2.0)
60 +	.	1	1	(2.1)	.	.	.	(0.0)	.	.	.	(0.0)	1	.	1	(1.0)
Prenatal/Pregnant																
YES	.	1	1	(2.1)	1	4	5	(8.9)	1	4	5	(8.1)	.	.	.	(0.0)
NO	11	14	25	(54.3)	.	10	10	(17.8)	.	11	11	(18.0)	.	.	.	(0.0)
UNKNOWN	4	16	20	(43.4)	8	33	41	(73.2)	8	37	45	(73.7)	23	74	97	(100.0)

¹ HIV Status for 2000 is not yet available for this report.

Table 5. General Demographics - Heterosexual Men ¹	2002 (YTD)				2001 (YTD)				2001				2000			
	P&S		Early		P&S		Early		P&S		Early		P&S		Early	
	Latent		Total ES		Latent		Total ES		Latent		Total ES		Latent		Total ES	
	N	N	N	%	N	N	N	%	N	N	N	%	N	N	N	%
Morbidity																
Total	20	37	57	(100.0)	24	35	59	(100.0)	29	41	70	(100.0)	35	61	96	(100.0)
Sexual Orientation																
MSW	20	37	57	(100.0)	24	35	59	(100.0)	29	41	70	(100.0)	35	61	96	(100.0)
HIV Positive²																
Yes	4	1	5	(8.7)	.	1	1	(1.6)	.	3	3	(4.2)	.	.	.	(0.0)
No	11	26	37	(64.9)	16	25	41	(69.4)	19	27	46	(65.7)	.	.	.	(0.0)
Unknown	5	10	15	(26.3)	8	9	17	(28.8)	10	11	21	(30.0)	35	61	96	(100.0)
Race/Ethnicity																
White	4	2	6	(10.5)	3	4	7	(11.8)	4	4	8	(11.4)	6	3	9	(9.3)
Afr.-Amer.	5	10	15	(26.3)	6	4	10	(16.9)	7	5	12	(17.1)	10	8	18	(18.7)
Latina/o	8	24	32	(56.1)	14	26	40	(67.7)	17	31	48	(68.5)	18	44	62	(64.5)
Asian/Pac. Is.	2	1	3	(5.2)	1	1	2	(3.3)	1	1	2	(2.8)	1	5	6	(6.2)
Unknown	1	.	1	(1.7)	.	.	.	(0.0)	.	.	.	(0.0)	.	1	1	(1.0)
Age Group																
15-19	1	5	6	(10.5)	1	1	2	(3.3)	2	1	3	(4.2)	1	3	4	(4.1)
20-24	3	6	9	(15.7)	3	3	6	(10.1)	4	3	7	(10.0)	2	6	8	(8.3)
25-29	2	7	9	(15.7)	2	7	9	(15.2)	2	8	10	(14.2)	5	8	13	(13.5)
30-34	3	4	7	(12.2)	6	8	14	(23.7)	8	9	17	(24.2)	4	13	17	(17.7)
35-39	4	8	12	(21.0)	4	8	12	(20.3)	5	8	13	(18.5)	7	8	15	(15.6)
40-44	1	4	5	(8.7)	2	2	4	(6.7)	2	4	6	(8.5)	5	10	15	(15.6)
45-49	1	1	2	(3.5)	5	3	8	(13.5)	5	4	9	(12.8)	4	6	10	(10.4)
50-54	3	.	3	(5.2)	1	1	2	(3.3)	1	2	3	(4.2)	4	5	9	(9.3)
55-59	1	1	2	(3.5)	.	1	1	(1.6)	.	1	1	(1.4)	1	2	3	(3.1)
60 +	1	1	2	(3.5)	.	1	1	(1.6)	.	1	1	(1.4)	2	.	2	(2.0)

¹ Heterosexual men are male cases who did not report having male or M to F transgender sex partners.² HIV Status for 2000 is not yet available for this report.

Table 6. Behavioral Risk Factors by Sexual Orientation ¹	2002 (YTD)						2001					
	MSM & MSM/W		MSW		All Female		MSM & MSM/W		MSW		All Female	
	N	%	N	%	N	%	N	%	N	%	N	%
Anal Insertive												
Yes	208	(72.2)	3	(6.3)	.	(0.0)	149	(67.4)	4	(5.7)	.	(0.0)
No	37	(12.8)	32	(68.0)	20	(66.6)	20	(9.0)	20	(28.5)	20	(38.4)
Unknown	43	(14.9)	12	(25.5)	10	(33.3)	52	(23.5)	46	(65.7)	32	(61.5)
Anal Receptive												
Yes	201	(69.7)	.	(0.0)	6	(20.0)	143	(64.7)	1	(1.4)	3	(5.7)
No	43	(14.9)	33	(70.2)	17	(56.6)	26	(11.7)	22	(31.4)	15	(28.8)
Unknown	44	(15.2)	14	(29.7)	7	(23.3)	52	(23.5)	47	(67.1)	34	(65.3)
Oral Sex												
Yes	238	(82.6)	21	(44.6)	12	(40.0)	170	(76.9)	32	(45.7)	23	(44.2)
No	12	(4.1)	13	(27.6)	11	(36.6)	6	(2.7)	9	(12.8)	5	(9.6)
Unknown	38	(13.1)	13	(27.6)	7	(23.3)	45	(20.3)	29	(41.4)	24	(46.1)
Vaginal Sex												
Yes	26	(9.0)	44	(93.6)	26	(86.6)	8	(3.6)	62	(88.5)	43	(82.6)
No	220	(76.3)	2	(4.2)	.	(0.0)	90	(40.7)	.	(0.0)	1	(1.9)
Unknown	42	(14.5)	1	(2.1)	4	(13.3)	123	(55.6)	8	(11.4)	8	(15.3)
Anonymous Partners												
Yes	186	(64.5)	18	(38.2)	2	(6.6)	123	(55.6)	22	(31.4)	6	(11.5)
No	58	(20.1)	20	(42.5)	21	(70.0)	42	(19.0)	21	(30.0)	24	(46.1)
Unknown	44	(15.2)	9	(19.1)	7	(23.3)	56	(25.3)	27	(38.5)	22	(42.3)
Condom Used²												
Yes	70	(24.3)	13	(27.6)	5	(16.6)	63	(28.5)	19	(27.1)	11	(21.1)
No	153	(53.1)	23	(48.9)	20	(66.6)	78	(35.2)	28	(40.0)	19	(36.5)
Unknown	65	(22.5)	11	(23.4)	5	(16.6)	80	(36.1)	23	(32.8)	22	(42.3)
Incarcerated Past Year												
Yes	6	(2.0)	6	(12.7)	.	(0.0)	10	(4.5)	3	(4.2)	3	(5.7)
No	187	(64.9)	21	(44.6)	13	(43.3)	131	(59.2)	36	(51.4)	25	(48.0)
Unknown	95	(32.9)	20	(42.5)	17	(56.6)	80	(36.1)	31	(44.2)	24	(46.1)
IV Drug User												
Yes	8	(2.7)	.	(0.0)	.	(0.0)	3	(1.3)	3	(4.2)	1	(1.9)
No	235	(81.5)	44	(93.6)	25	(83.3)	176	(79.6)	50	(71.4)	34	(65.3)
Unknown	45	(15.6)	3	(6.3)	5	(16.6)	42	(19.0)	17	(24.2)	17	(32.6)
Non-IV Drug User												
Yes	61	(21.1)	12	(25.5)	3	(10.0)	53	(23.9)	20	(28.5)	5	(9.6)
No	178	(61.8)	30	(63.8)	21	(70.0)	123	(55.6)	28	(40.0)	29	(55.7)
Unknown	49	(17.0)	5	(10.6)	6	(20.0)	45	(20.3)	22	(31.4)	18	(34.6)

¹ Behavioral risk information is available starting in 2001 and includes closed cases only. Does not include cases with no information on sexual partners.² Condom was used at last intercourse

Table 7. Venue Risk by Sexual Orientation ¹	2002 (YTD)						2001					
	MSM & MSM/W		MSW		All Female		MSM & MSM/W		MSW		All Female	
	N	%	N	%	N	%	N	%	N	%	N	%
Bars and Clubs												
Yes	96	(33.3)	12	(25.5)	3	(10.0)	104	(47.0)	18	(25.7)	4	(7.6)
No	129	(44.7)	27	(57.4)	20	(66.6)	37	(16.7)	14	(20.0)	16	(30.7)
Unknown	63	(21.8)	8	(17.0)	7	(23.3)	80	(36.1)	38	(54.2)	32	(61.5)
Bathhouses/ Sex Clubs												
Yes	63	(21.8)	.	(0.0)	.	(0.0)	31	(14.0)	.	(0.0)	.	(0.0)
No	148	(51.3)	34	(72.3)	22	(73.3)	77	(34.8)	20	(28.5)	16	(30.7)
Unknown	77	(26.7)	13	(27.6)	8	(26.6)	113	(51.1)	50	(71.4)	36	(69.2)
Motels												
Yes	7	(2.4)	2	(4.2)	1	(3.3)	4	(1.8)	4	(5.7)	3	(5.7)
No	193	(67.0)	31	(65.9)	21	(70.0)	86	(38.9)	18	(25.7)	14	(26.9)
Unknown	88	(30.5)	14	(29.7)	8	(26.6)	131	(59.2)	48	(68.5)	35	(67.3)
Streets												
Yes	16	(5.5)	11	(23.4)	1	(3.3)	10	(4.5)	2	(2.8)	4	(7.6)
No	189	(65.6)	25	(53.1)	21	(70.0)	83	(37.5)	20	(28.5)	13	(25.0)
Unknown	83	(28.8)	11	(23.4)	8	(26.6)	128	(57.9)	48	(68.5)	35	(67.3)
Internet												
Yes	42	(14.5)	.	(0.0)	.	(0.0)	17	(7.6)	1	(1.4)	.	(0.0)
No	164	(56.9)	34	(72.3)	22	(73.3)	78	(35.2)	20	(28.5)	16	(30.7)
Unknown	82	(28.4)	13	(27.6)	8	(26.6)	126	(57.0)	49	(70.0)	36	(69.2)
Parks												
Yes	16	(5.5)	1	(2.1)	.	(0.0)	14	(6.3)	.	(0.0)	.	(0.0)
No	185	(64.2)	33	(70.2)	22	(73.3)	82	(37.1)	20	(28.5)	16	(30.7)
Unknown	87	(30.2)	13	(27.6)	8	(26.6)	125	(56.5)	50	(71.4)	36	(69.2)
Other Venue												
Yes	51	(17.7)	6	(12.7)	2	(6.6)	39	(17.6)	7	(10.0)	1	(1.9)
No	145	(50.3)	23	(48.9)	21	(70.0)	72	(32.5)	19	(27.1)	15	(28.8)
Unknown	92	(31.9)	18	(38.2)	7	(23.3)	110	(49.7)	44	(62.8)	36	(69.2)
Total	288	(100.0)	47	(100.0)	30	(100.0)	221	(100.0)	70	(100.0)	52	(100.0)

¹ Had sex or met sex partners at defined venues during the period when syphilis infection likely occurred (critical period).² Venue risk information is available starting in 2001 and includes closed cases only. Does not include cases with no information on sexual partners.

Figure 1: Primary and Secondary Syphilis by Year and District of Residence (n=590)

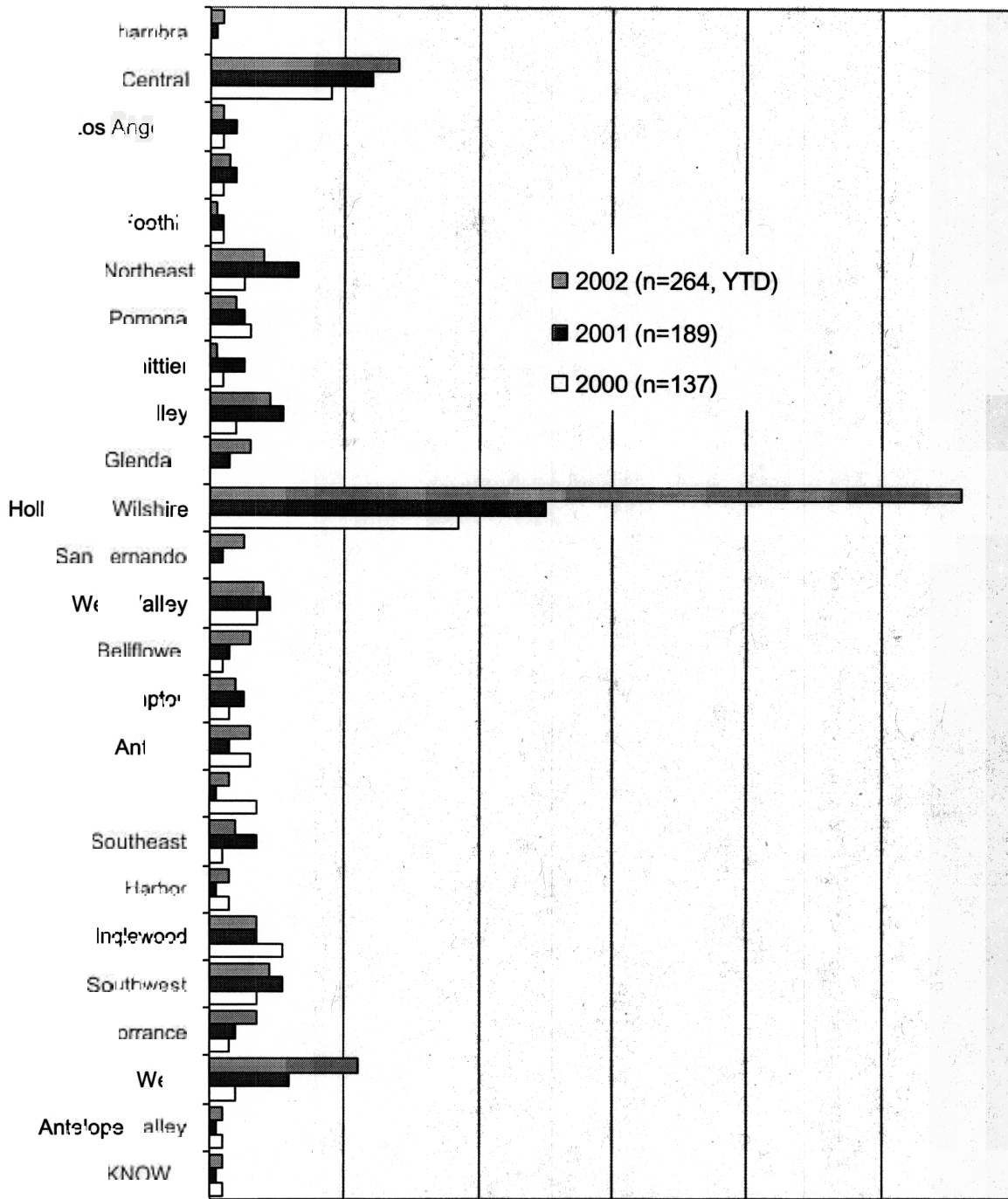


Figure 2: Primary & Secondary Syphilis by SPA 2001 (n=189)

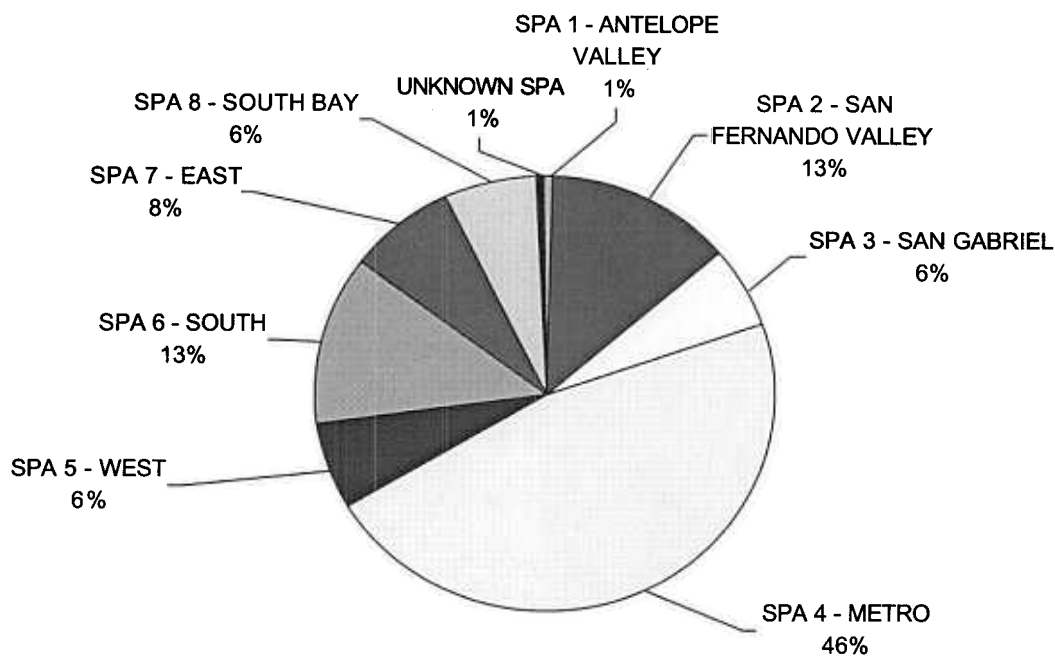


Figure 3: Primary & Secondary Syphilis by SPA, January Through November 2002 (n=264)

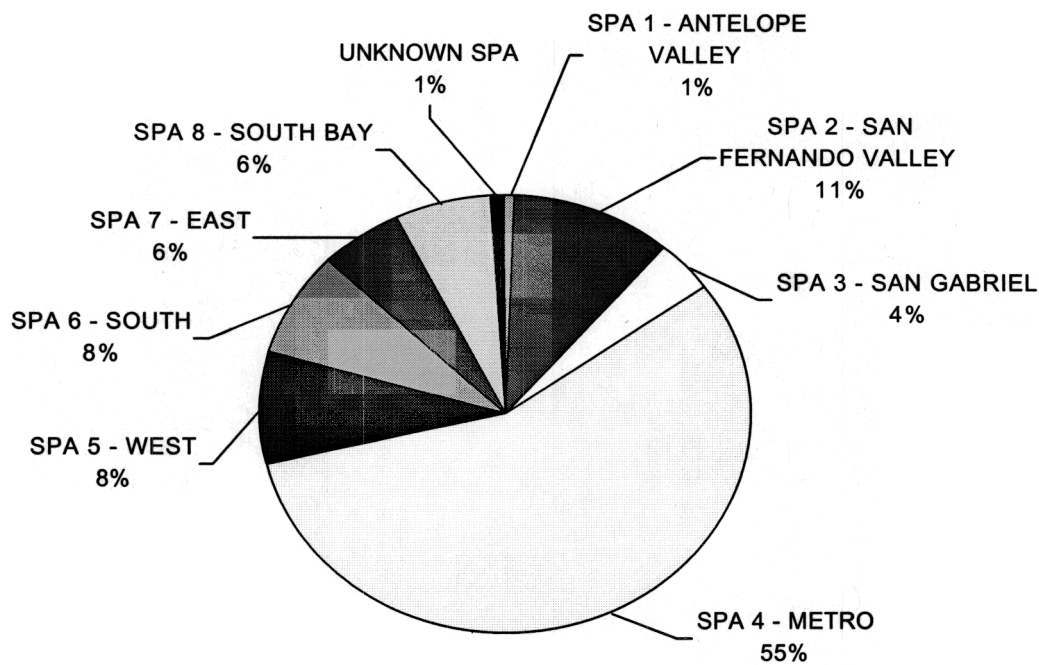
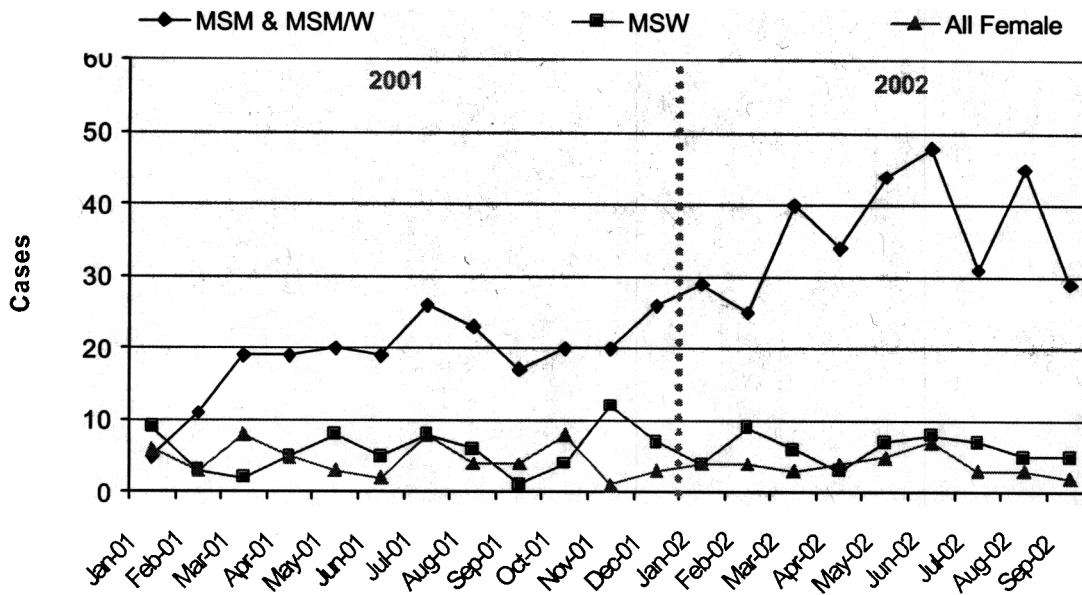
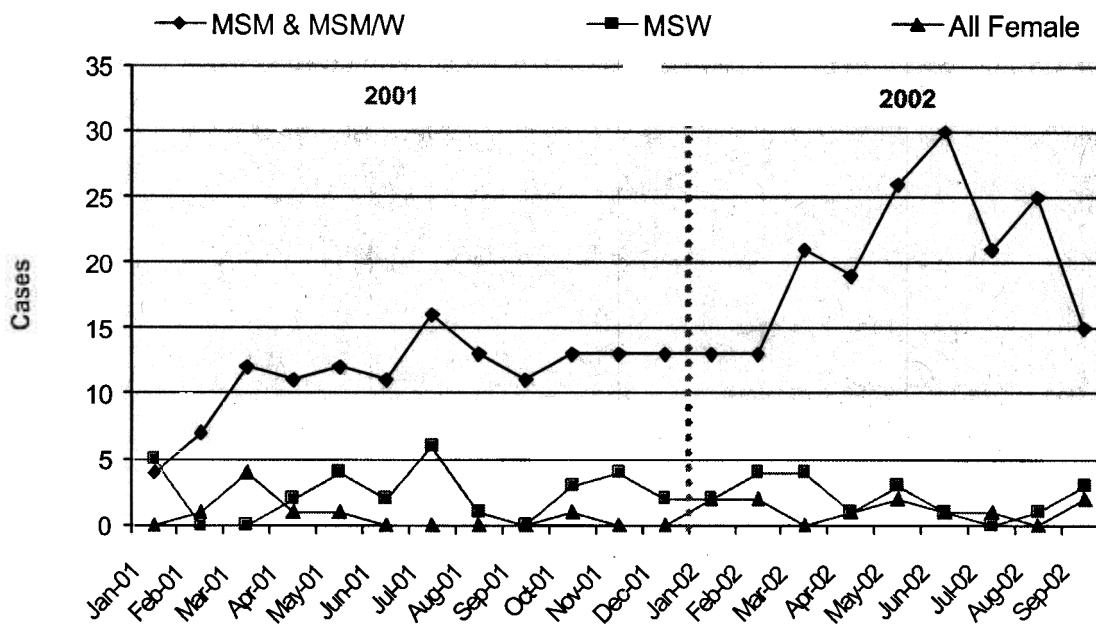


Figure 4: Early Syphilis by Sexual Orientation* & Month of Diagnosis, January 2001 Through September 2002 (n=794)



*Does not include cases lacking partner information

Figure 5: Primary & Secondary Syphilis by Sexual Orientation* & Month of Diagnosis, January 2001 Through September 2002 (n=406)



*Does not include cases lacking partner information

Figure 6: Primary & Secondary Syphilis by Race/Ethnicity Among MSM, January Through November 2002 (n=202)

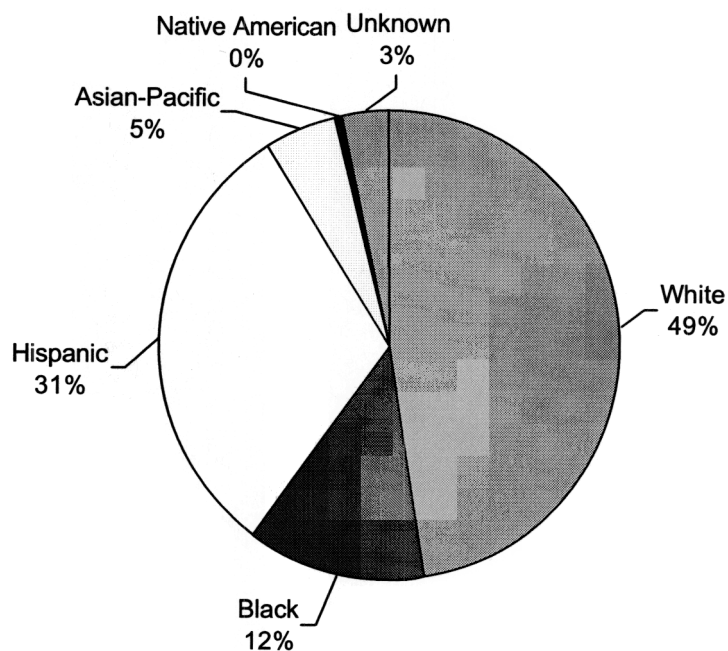


Figure 7: Primary & Secondary Syphilis by Race/Ethnicity Among Non-MSM, January Through November 2002 (n=62)

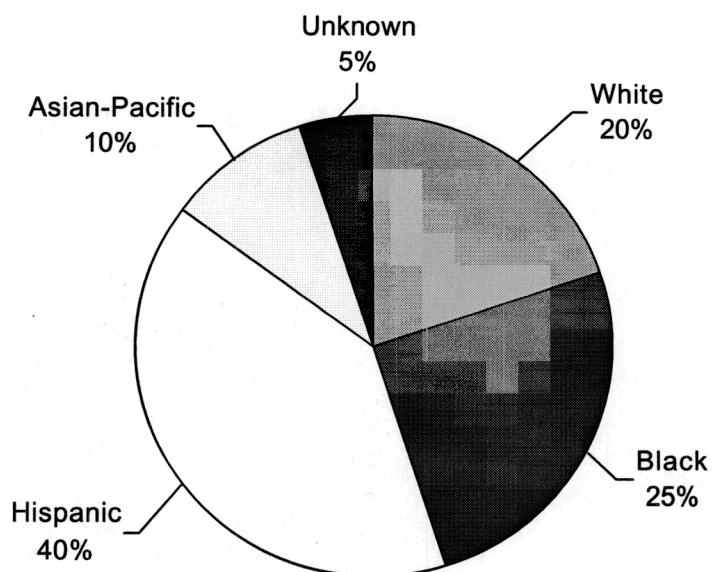


Figure 8: Primary & Secondary Syphilis by Age Group & Sexual Orientation, January Through November 2002 (n=264)

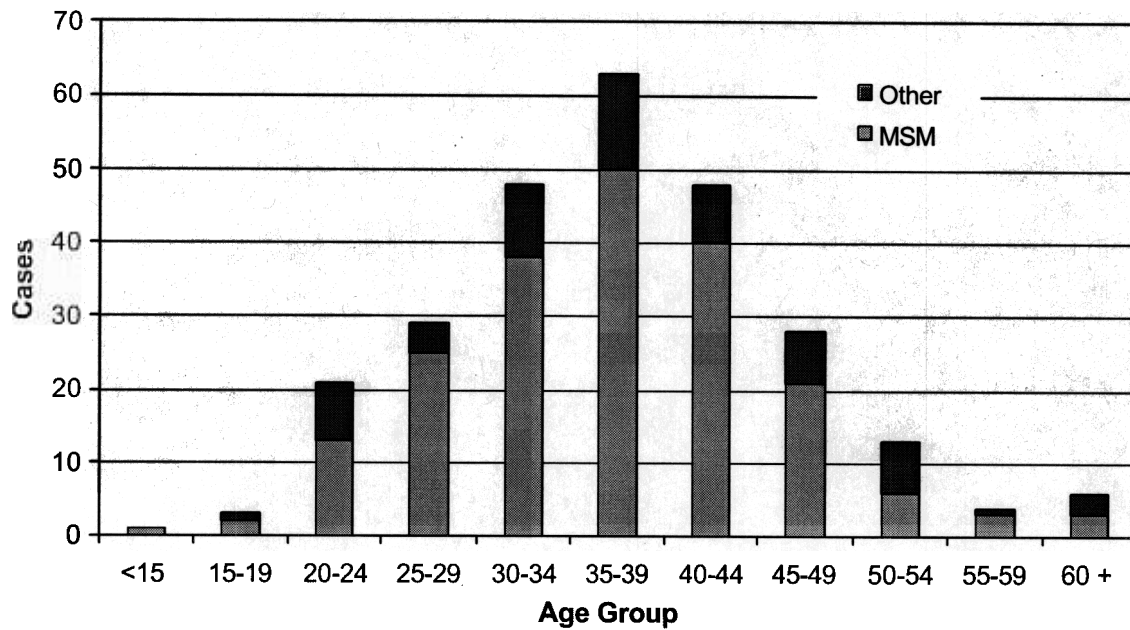
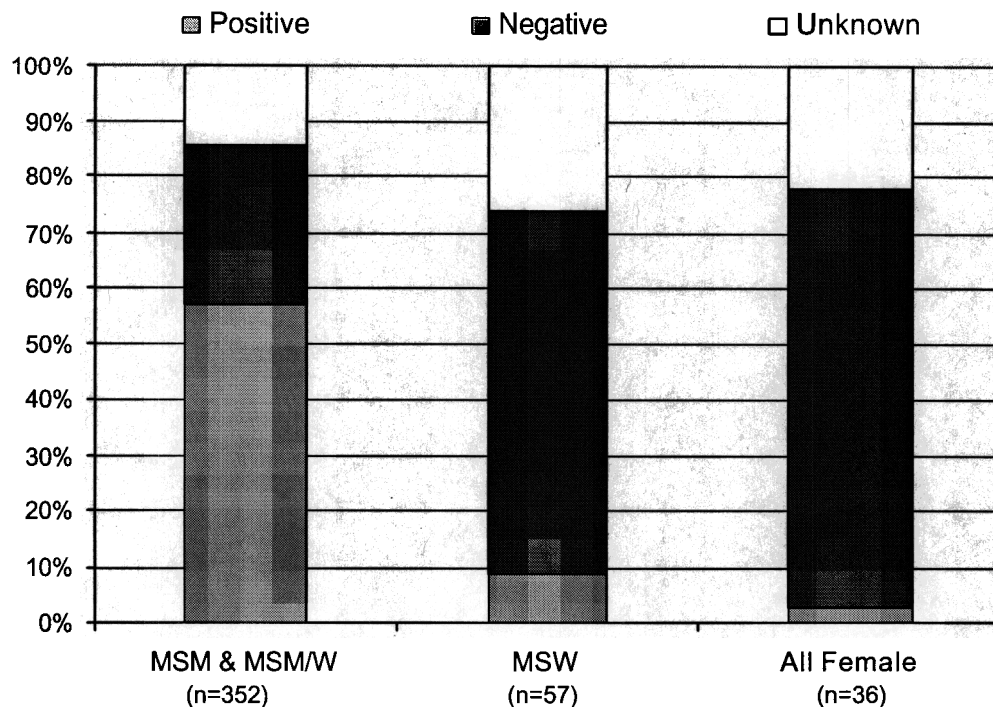


Figure 9: Early Syphilis Cases by HIV Serostatus & Sexual Orientation, January Through November 2002 (n=445)



APPENDIX A: SURVEILLANCE NOTES

REPORT DELAY

Report delay is defined as the time interval between the date a syphilis diagnosis was made and the date the case was reported to the Health Department. Currently, the mean reporting delay for early syphilis is 20 days and the 95th percentile is 72 days. The impact of report delay must be considered when evaluating figures 1, 4, and 5.

DATABASE UPDATES

Totals may not be consistent with previous reports of previous years due to periodic updates of the database, including the changes in diagnosis, late reporting, and some deletion of duplicate cases.

APPENDIX B: EARLY SYPHILIS CASE DEFINITION FOR INFECTIOUS CONDITIONS UNDER PUBLIC HEALTH SURVEILLANCE

State and local public health officials rely on health-care providers, laboratories, and other public health personnel to report the occurrence of reportable diseases to state and local health departments. Without such data, trends cannot be accurately monitored, unusual occurrences of diseases might not be detected, and the effectiveness of intervention activities cannot be easily evaluated.

The usefulness of public health surveillance data depends on its uniformity, simplicity, and timeliness. This case definition was established for uniform criteria for disease reporting and should not be used as the sole criteria for establishing clinical diagnoses, determining the standard of care necessary for a particular patient, setting guidelines for quality assurance, or providing standards for reimbursement. Use of additional clinical, epidemiological, and laboratory data may enable a physician to diagnose a disease even though the formal surveillance case definition may not be met.

This case definition was developed in collaboration with epidemiologists at the Centers for Disease Control and Prevention (CDC) and the Council of State and Territorial Epidemiologists (CSTE). It was approved by a full vote of the CSTE membership and also endorsed for use by the Association of Public Health Laboratories (APHL).

EARLY SYPHILIS CASE DEFINITION

Early syphilis includes primary, secondary and early latent cases reported within less than one year from the date of infection.

Syphilis is a complex sexually transmitted disease that has a highly variable clinical course. Classification by a clinician with expertise in syphilis may take precedence over the following case definitions developed for surveillance purposes.

PRIMARY SYPHILIS

Clinical description: A stage of infection with *Treponema pallidum* characterized by one or more chancres (ulcers); chancres might differ considerably in clinical appearance.

Laboratory criteria for diagnosis: Demonstration of *T. pallidum* in clinical specimens by darkfield microscopy, direct fluorescent antibody (DFA-TP), or equivalent methods.

Case classification - Probable: A clinically compatible case with one or more ulcers (chancres) consistent with primary syphilis and a reactive serologic test (nontreponemal: Venereal Disease Research Laboratory [VDRL] or rapid plasma reagin [RPR]; treponemal: fluorescent treponemal antibody absorbed [FTA-ABS] or microhemagglutination assay for antibody to *T. pallidum* [MHA-TP]).

Case classification - Confirmed: A clinically compatible case that is laboratory confirmed.

SECONDARY SYPHILIS

Clinical description: A stage of infection caused by *T. pallidum* and characterized by localized or diffuse mucocutaneous lesions, often with generalized lymphadenopathy. The primary chancre may still be present.

Laboratory criteria for diagnosis: Demonstration of *T. pallidum* in clinical specimens by dark field microscopy, DFA-TP, or equivalent methods.

Case classification - Probable: A clinically compatible case with a nontreponemal (VDRL or RPR) titer.

Case classification - Confirmed: A clinically compatible case that is laboratory confirmed.

EARLY LATENT SYPHILIS

Clinical description: A stage of infection caused by *T. pallidum* in which organisms persist in the body of the infected person without causing symptoms or signs. Latent syphilis is subdivided into early, late and unknown categories based on the duration of infection. When initial infection has occurred within the previous 12 months, latent syphilis is classified as early latent.

Case classification - Probable: Latent syphilis in a person who has evidence of having acquired the infection within the previous 12 months based on one or more of the following criteria:

Documented seroconversion or fourfold or greater increase in titer of a nontreponemal test during the previous 12 months

A history of symptoms consistent with primary or secondary syphilis during the previous 12 months

A history of sexual exposure to a partner who had confirmed or probable primary or secondary syphilis or probable early latent syphilis (documented independently as duration <1 year)

Reactive nontreponemal and treponemal tests from a person whose only possible exposure occurred within the preceding 12 months

Mail to: STD PROGRAM, 2615 S. Grand Avenue, Rm. 450, Los Angeles, CA 90007
Fax to: (213) 749-9602 or (213) 749-9606

PATIENT DEMOGRAPHICS	PATIENT'S LAST NAME																MEDICAL RECORD NUMBER																RACE (✓ only one) <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ ETHNICITY (✓ only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic/ Non- Latino <input type="checkbox"/> Unknown															
	FIRST NAME																SOCIAL SECURITY NUMBER																															
	ADDRESS																APT/UNIT NO.				AGE		BIRTH DATE																									
																							MONTH DAY YEAR																									
	CITY/TOWN																STATE				ZIP CODE																											
	AREA CODE				HOME/CELL TELEPHONE #												AREA CODE				WORK TELEPHONE #																											
	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (M to F) <input type="checkbox"/> Transgender (F to M) <input type="checkbox"/> Unknown or Refused																																															
	PREGNANT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																																															
GENDER OF SEX PARTNERS IN PAST 12 MONTHS: <input type="checkbox"/> Only Females <input type="checkbox"/> Only Males <input type="checkbox"/> Both Males and Females <input type="checkbox"/> Unknown <input type="checkbox"/> Refused																																																
M O R B I D I T Y	CHLAMYDIA																GONORRHEA																SYPHILIS															
	DIAGNOSIS																DIAGNOSIS																DIAGNOSIS															
	<input type="checkbox"/> Asymptomatic																<input type="checkbox"/> Asymptomatic																<input type="checkbox"/> Primary onset date: ____/____/____ Site primary lesion (✓ only one) <input type="checkbox"/> Genital <input type="checkbox"/> Rectal <input type="checkbox"/> Pharynx <input type="checkbox"/> Other _____															
	<input type="checkbox"/> Symptomatic (✓ all sites that apply) <input type="checkbox"/> Cervix <input type="checkbox"/> Urine <input type="checkbox"/> Rectum <input type="checkbox"/> Urethra <input type="checkbox"/> Ophthalmia/Conjunctiva <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Other _____ <input type="checkbox"/> Pelvic Inflammatory Disease																<input type="checkbox"/> Symptomatic (✓ all sites that apply) <input type="checkbox"/> Cervix <input type="checkbox"/> Urine <input type="checkbox"/> Rectum <input type="checkbox"/> Urethra <input type="checkbox"/> Ophthalmia/Conjunctiva <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Other _____ <input type="checkbox"/> Pelvic Inflammatory Disease																<input type="checkbox"/> Secondary onset date: ____/____/____ <input type="checkbox"/> Palmar/Plantar Rash <input type="checkbox"/> Alopecia <input type="checkbox"/> General Body Rash <input type="checkbox"/> Other _____ <input type="checkbox"/> Early Latent (<1 Year) <input type="checkbox"/> Late Latent (>1 year) <input type="checkbox"/> Latent, Unknown Duration <input type="checkbox"/> Congenital (See Congenital Syphilis Section) <input type="checkbox"/> Tertiary <input type="checkbox"/> CNS <input type="checkbox"/> Aortitis <input type="checkbox"/> Gumma <input type="checkbox"/> Iritis <input type="checkbox"/> Other _____ Neurosyphilis: (CSF-VDRL Reactive) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not examined															
	Laboratory Test (✓) Date: ____/____/____ <input type="checkbox"/> DNA Probe <input type="checkbox"/> PCR <input type="checkbox"/> SDA <input type="checkbox"/> LCR <input type="checkbox"/> TMA <input type="checkbox"/> Other _____																Laboratory Test (✓) Date: ____/____/____ <input type="checkbox"/> DNA Probe <input type="checkbox"/> Culture <input type="checkbox"/> SDA <input type="checkbox"/> LCR <input type="checkbox"/> TMA <input type="checkbox"/> Other _____																Laboratory Test (✓) Date: ____/____/____ <input type="checkbox"/> RPR or <input type="checkbox"/> VDRL Titer 1: _____ Reactive <input type="checkbox"/> TP-PA or <input type="checkbox"/> FTA-ABS <input type="checkbox"/> Other _____															
	Patient treated: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, give treatment, dose, and date)																Patient treated: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, give treatment, dose, and date)																Patient treated: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, give treatment, dose, and date)															
	Date				Treatment/Dose												Date				Treatment/Dose												Date				Treatment/Dose											
	Partner Information (in the past 60 days) # of partners elicited _____ # of partners referred _____ # of partners treated _____ # of partners dispensed PDT _____																Partner Information (in the past 60 days) # of partners elicited _____ # of partners referred _____ # of partners treated _____																Partner Information* (*If 1°, past 90 days + duration of sx. If 2°, past 6mos + duration of sx. If early latent, past year + duration of sx) # of partners elicited _____ # of partners referred _____ # of partners treated _____															
	COMMENTS: _____																																															

APPENDIX D: LOS ANGELES COUNTY STD SCREENING GUIDELINES FOR SEXUALLY ACTIVE HIV POSITIVE PERSONS

Due to the continuing rise in syphilis as well as gonorrhea and chlamydia, we recommend routine screening of HIV infected persons based on the following schedule in order to decrease the transmission of these curable STDs as well as HIV.

INITIAL VISIT AND ANNUAL VISIT

Testing should be performed for gonorrhea and chlamydia using urine testing for men and/or endocervical swab testing for women. Gonorrhea culture may also be used. Syphilis screening should be performed with an RPR.

- a. Patients engaging in rectal intercourse should be cultured for GC and CT from the anal site. DFA may also be used for chlamydia.
 - b. Patients engaging in oral sex defined as activity in which they are orally exposed should be cultured for GC and CT from the pharyngeal area. DFA may also be used for chlamydia.
2. Women should be evaluated for the above trichomoniasis using culture or vaginal wet mount.

FOLLOW-UP VISITS

(ANNUAL VISIT AS ABOVE)

HIV infected persons with symptoms of an STD should be screened upon presentation for care. Screening for syphilis, GC, and CT should be performed at 3 to 6 month intervals for persons at high risk for STDs but without STD symptoms. These persons include but are not limited to:

1. Persons with multiple or anonymous sex partners.
2. Past history of any STD.
3. Persons who have been recently incarcerated or those who have had sexual relations with someone recently incarcerated.
4. Persons reporting other behaviors associated with the transmission of HIV and other STDs. These include:
 - a. Participation in sexual activities in bathhouses, sex clubs or circuit parties,
 - b. Use of the internet to recruit sex partners,
 - c. Engaging in sexual activity for money or drugs,
 - d. Use of sexual enhancement drugs such as methamphetamines (i.e., meth, glass, crystal), ecstasy, ketamine, viagra, cocaine, crack, GHB, and nitrates/poppers.
5. Persons with sex or needle sharing partner(s) with any of the above risks.
6. Persons using injection drugs.
7. Persons living on the street/homeless.
8. Person living in areas with high STD prevalence. Sexually active gay men in the Los Angeles area are considered high-risk.

SEXUALLY TRANSMITTED DISEASE PROGRAM

2615 South Grand Avenue, Room 500

Los Angeles, California 90007

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
Public Health

